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| Report Written By | IDENTIFICATION NO. | Date & Time | Supervisor Approvin | ıg | | IDENTIFICATION | | | |

HPD-108C (R-3/86) MOTOR VEHICLE ACCIDENT Report No. Report of Injured Person(s) Accident Location: _____ Date: ____ _ Time: ____ Injured: Phone: Unit Posit Age Sex Eject Sfty Inj Area Cause Care Trans Hosp Cond EMS Card No Injured Was: Attending Physician: Operator's License: (State) Race: _____ Age: ____ DOB: ____ (Number) Occupation: Where Employed: Description of Injuries: _____ Had been drinking: Yes___ No__ What?__ How Many?__ Time Last Drink?__ Where drinks consumed (Establishment): Statement: ___ Injured: ___ Address: Phone: ĪÑ TH D Unit Posit Age Sex Eject Sfty Inj Area Cause Injured Was: Attending Physician: Operator's License: (State) Race: _____ Age: ____ DOB: ____ (Number) Occupation: Where Employed: Description of Injuries: ___ Had been drinking: Yes____No___What?____How Many?____Time Last Drink?____ Where drinks consumed (Establishment): Statement: Officer's remarks: I.D. No. _____ Date/Time_____ Officer Supervisor Approving I.D. No. _____ Date/Time____

MINOR MOTOR VEHICLE COLLISION REPORT

| 1 POLICE FACII | JITATOR | | 2 DISTRICT | 3 BE | AT | 4 WATCH | 5 REPO | ORT NUM | BER | | | | | |
|----------------|-------------------------------|-------------|---------------|--------------------------------------|---------|-------------|---------------------------------|------------------------------|----------------------|---|----------|--|--|--|
| 6 DATE/TIME O | CCURRED | | | 7 DATE/TIME REPORTED | | | | | | | | | | |
| 8 LOCATION | | | | | | | | | | | | | | |
| 9 NO. OF OCCU | PANTS 10 OPE | RATOR'S NAM | 11 M/F | 12 OPERATOR'S LICENSE NO./EXPIRATION | | | | | | | | | | |
| 13 ADDRESS | | | 14 HOM | PHONE | | | | | | | | | | |
| 16 INSURED BY | | 17 POLICY | NUMBER | | | | | PIRATION | | 19 VIN NUMBER MATCH Yes \(\Bar{\chi} \) No \(\Bar{\chi} | | | | |
| 20 YEAR | 21 MAKE | 22 MODEL | | 23 B | ODY T | YPE | 24 COLOR 25 LIC | | | PLATE NO. | 26 STATE | | | |
| | OWNER'S NAME | | | 28 SAF | ETY EXP | | 29 VEH. TAX EXPIRATION | | | | | | | |
| | OWNER'S ADDRES | S | | | | | | | | | | | | |
| 31 NO. OF OCCU | JPANTS 32 OPE | RATOR'S NAM | | 33 M/F | | | | | | | | | | |
| 35 ADDRESS | | | 36 HON | ME PHON | Е | 37 BUSINESS | PHONE | | | | | | | |
| 38 INSURED BY | | NUMBER | | 40 EXP | IRATION | DATE | 41 VIN NUMBER MATCH Yes No No | | | | | | | |
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| 57 ADDRESS | | - | | | | | 58 HOME PHONE 59 BUSINESS PHONE | | | | | | | |
| 60 INSURED BY | | 61 POLICY | NUMBER | | | | 62 EXP | TRATION | DATE | 63 VIN NUMBER MATCH Yes No No | | | | |
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| 75 OBJECT STRU | | | | | | | | | | 77 PHONE | | | | |
| 76 OWNER'S NA | | | | | | | | | | | | | | |
| 78 REPORT WRI | llen by | | 81 SUPERVISOR | | | | | | | | | | | |

HPD-108D (R-6/95)